Community Advisory Committee Quarterly/Annual Visitation Report		
County	Facility Type Family Care Home	Facility Name
	□ Adult Care Home	# 21
Henderson	□ Combination Home	Tores Home 21
/isit Date May 1-2017	Time Spent in Facility hr - min	Arrival Time 12:00 Jam Ipm
Jame of Person Exit Interview was held with_ JOther Staff Rep Tore Borna	Catrie Machis-MAMINI	erview was held Oin-Person OPhone OAdmn. OSIC(Supervisor in Charge)
Committee Members Present:	e Brodsky-Mark Sch	Report Completed by:
Calvin Titus		Benje Tsvokty
lumber of Residents who received personal visits from committee members: Ohe		1200121300124
Resident Rights Information is clearly visible. OPYes-CI No		Ombudsman contact information is correct and clearly posted, 2Yes No
he most recent survey was readily accessible. ØYes ☐ No		
Required for Nursing Homes Only)		Staffing information is posted. ☐ Yes ☐ No
Resident Profile		Comments & Other Observations
. Do the residents appear neat, clean and odor free? Types T No		Construction of 4 Building
L Did residents say they receive assistance with personal care activities,		facilities #21-22-23-24
Ex. brushing their teeth, combing their hair, in	nserting dentures or cleaning	A A A A
their eyeglasses? ☐ Yes ☐ No		Building 21-6 Unit Alzheimer
b. Did you see or hear residents being encouraged to participate in their care		resident Occupied -
by staff members? ☐ Yes ☐ No		One Resident dusting Hart
. Were residents interacting w/ staff, other residents & visitors? LiYesLiNo		
i. Did staff respond to or interact with residents who had difficulty		150 300 W and 10 30 1
communicating or making their needs known verbally? _!Yes _! No		Conversation Very Pleaser
i. Did you observe restraints in use? _1Yes ☑ No		and happy
. If so, did you ask staff about the facility's rest		
	Accommodations	Comments & Other Observations
. Did residents describe their living environment as homelike? ☑Yes ☐No		Entry code to enterollecte
. Did you notice unpleasant odors in commonly used areas? ☐Yes 记No		Ruilder Provided for Socoty
0. Did you see items that could cause harm or be hazardous? _!Yes 12100		1000000
1. Did residents feel their living areas were too noisy? ☐Yes ☐ No		Found Eitehen Window Wide
2. Does the facility accommodate smokers? ⊇Yes No		Open-10 Screen (entire
2a. Where? ☐ Outside only ☐ Inside only ☐ Both Inside & Outside.		
3. Were residents able to reach their call bells with ease? □Yes □ No		building hot screened
4. Did staff answer call bells in a timely & courteous manner? ☐ Yes ☐ No		
4a. If no, did you share this with the administrative staff? ⊒ Yes ☐ No		
Resident Service	mana ara ara ara ara ara ara ara ara ara 	Comments & Other Observations
5. Were residents asked their preferences or opinions about the activities		Owner Admin of facility-was
planned for them at the facility? ☐Yes ₩No		
Do residents have the opportunity to purchase personal items of their		present, question why all
choice using their monthly needs funds? ☐ Yes ☐ No		personel change every line
a. Can residents access their monthly needs funds at their convenience?		To a str
☐ Yes ☐ No		we VISIT- (ho fishment)
. Are residents asked their preferences about meal & snack choices?		young git feeling wo-
LYes L No		The state of the s
a. Are they given a choice about where they prefer to dine?Yes No		residents-
. Do fesidents have privacy in making and receiving phone calls? √ Yes → No		
		•
. Is there evidence of community involvement from other civic, volunteer or		
religious groups? ☐ Yes ☐ No		
Does the facility have a Resident's Council? Yes No		
Family Council? 니Yes 및 No Areas of Concern		
		Exit Summary
there resident issues or topics that need follow-up or review at a later time or during the next		Discuss items from "Areas of Concern" Section as well as any changes
		observed during the visit. Luzeh menu-
add what Buile	مرابار ح	Food Fasta (no Veg. No Sall O-
	•	Cotiut.
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